

10/52500

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number E 3 33 1.0657

		CLAIMS	CLAIMS AS FILED - PART (Column 1)			(Column 2)		SMALL ENTITY TYPE		OŔ	OTHER THAN	
U.S. NATIONAL STAGE FEES						1	RATE	FEE	7	RATE	FEE	
BASIC FEE			SMALL ENT	. = \$ 150	LARGE ENT. = \$ 300		1	BASIC FEE	1.	OR	BASIC FEE	2010
EXAMINATION FEE			Satisfies PCT A (4) = \$ 50		All other situations = \$100 / \$ 200		1	EXAM. FEE		1	EXAM. FEE	1971
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		All other situations = \$ 250 / \$ 500			SEARCH FEE			SEARCH FEE	100
FEE FOR EXTRA SPEC. PGS.			3) minus 100 =		/ 50 =			X \$ 125 =		1	X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			4 2 minus 20 =		. 27			X \$ 25 =		OR	X \$ 50 =	1100
INDEPENDENT CLAIMS			l l m	ninus 3 =	. 8			X \$ 100 =		OR	X \$ 200 =	(,00)
MU	LTIPLE DEPEN	IDENT CLAIM PR	ESENT				+ \$ 180 =		OR	+ \$ 360 =		
* #	the difference	e in column 1 is	less than zero	, enter "0)" in co	lumn 2	•	TOTAL		OR	TOTAL	DUC
		CLAIMS AS (Column 1)	AMENDED	(Colun	nn 2)	(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	ENDENT C	LAIM			+ \$ 180 =		OR	+ \$ 360 =	
							_	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2)	(Column 3)						
ENT 8	ie.	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMENDM	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	,
	FIRST PRES	ENTATION OF MI	JLTIPLE DEPE	NDENT C	LAIM			+ \$ 180 =		OR	+ \$ 360 =	
							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
***	If the "Highest Nur If the "Highest Nur	mn 1 is less than the mber Previously Paid mber Previously Paid I ber Previously Paid I	For" IN THIS SP/ For" IN THIS SP/	ACE is less t ACE is less t	than '20' than '3',	', enter "20". enter "3".	in the	appropriate box	in column 1.			

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request:	· 2 Seri	al/Pat	tent	#						
3 Please refund the following fee	4 PAPER NUMBER		5 DATE FILED	6 AMOUNT						
Filing	-				\$					
Amendment					\$					
Extension of Time					\$					
Notice of Appeal/Appeal					\$					
Petition					\$					
Issue	-				\$					
Cert of Correction/Termina	l Disc.		·		\$					
Maintenance					\$					
Assignment					\$					
Other					\$					
		7 TOTAL AMOUNT OF REFUND \$			\$					
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
Overpayment		Kefund Kef: 07.Crechit Deposite23A4C #:								
Duplicate Payment		9 Credit Card Refund Total: \$200.00								
No Fee Due (Explanation):	vvobrogogog	44.000								
RE EXP.:: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
			•							
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME:	TITLE:									
SIGNATURE:		P	HONE:	· · · · · · · · · · · · · · · · · · ·						
OFFICE:	****		***							
THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED:	-	DATE	E:	FC:1633	-209.80					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B